

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101574084

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			/		/		
2			0		/		
3			0		/		
4			0		/		
5			0		/		
6			0		/		
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8			0		/		
9			0		/		
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42			0		/		
43			0		/		
44			0		/		
45			0		/		
46			0		/		
47			0		/		
48			0		/		
49			0		/		
50			0		/		
TOTAL IND.			2		3		
TOTAL DEP.			39		38		
TOTAL CLAIMS			41		41		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							